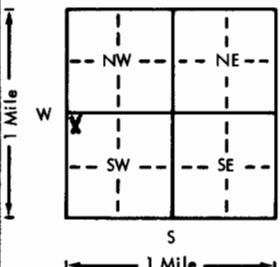


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: <u>Summer</u>		County: <u>Sumner</u>		Fraction: <u>1/4 NW 1/4 SW 1/4</u>		Section number: <u>13</u>		Township number: <u>T 30S R 1E</u>		Range number: <u>1E</u>	
2. Distance and direction from nearest town or city: <u>2 1/2 South of the Sedgewick</u>				3. Owner of well: <u>Mr. Vant Levin</u>							
Street address of well location if in city: <u>the Sedgewick</u>				R.R. or street: <u>R.R. #1</u>							
				City, state, zip code: <u>Belle Plaine, Kansas</u>							
4. Locate with "X" in section below						6. Bore hole dia. <u>5</u> in. Completion date <u>5-12-76</u>					
Sketch map: 						Well depth <u>37</u> ft.					
<u>County line on the Belle Plaine Rd.</u>						7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary					
5. Type and color of material						8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
<u>Sandy Topsoil</u>						9. Casing: Material <u>stiprene</u> Above or below surface <u>12</u> in. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> RMP <input checked="" type="checkbox"/> PVC Weight _____ lbs./ft. Dia. <u>5</u> in. to <u>37</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>200</u>					
						10. Screen: Manufacturer's name <u>Sunflower Plastic</u> Type <u>stiprene</u> Dia. <u>5</u> Slot/gauze <u>106</u> Length <u>20'</u> Set between <u>17</u> ft. and <u>37</u> ft. Gravel pack? <u>yes</u> size range of material <u>1/4-1/8"</u>					
<u>Clay</u>						11. Static water level: _____ mo./day/yr. <u>15</u> ft. below land surface Date <u>5-12-76</u>					
<u>2 fine sand</u>						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
<u>medium sand</u>						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____					
<u>Shale</u>						14. Well head completion: <u>12</u> <u>capped</u> _____ Pitless adapter _____ inches above grade					
						15. Well grouted? <u>yes</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>40"</u> to <u>14</u> ft.					
						16. Nearest source of possible contamination: _____ ft. _____ Direction _____ Type <u>none</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
(Use a second sheet if needed)											
18. Elevation:		19. Remarks: <u>Flat Ground</u> <u>no apparent source for contamination.</u> <u>septic tank not installed when well drilled.</u>				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Harold W. Fung</u> <u>236</u> Business name _____ License No. _____ Address <u>Wichita, Kans.</u> Signed <u>M. Arnold</u> Date <u>7-15-76</u> Authorized representative					

T 30S R 1E
 Sec 13
 NW 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5